

BACKGROUND PAPER FOR HEARING

PROPOSAL FOR THE REGULATION OF MEDICAL DENTURITRY

JOINT LEGISLATIVE SUNSET REVIEW COMMITTEE

Senator Liz Figueroa, Chair

SUBJECT: SHOULD CALIFORNIA ESTABLISH A LICENSING PROGRAM FOR MEDICAL DENTURITRY?

SUMMARY: Consideration of the issues and facts regarding the need for the establishment of medical denturitry in California.

Existing state law (the Dental Practice Act – Business and Professions Code Sections 1600 et seq):

- 1) Provides for the licensing and regulation of dentists and dental auxiliaries by the Dental Board of California (Board).
- 2) Defines “dentistry” as the diagnosis or treatment, by surgery or any other method, of diseases and lesions and the correction of malpositions of human teeth, alveolar process, gums, jaws, or associated structures, and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. [B&PC 1625]
- 3) Provides that a person is considered to be practicing “dentistry” if he or she: (a) performs or offers to perform an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws or associated structures, or corrects malposed positions thereof, or (b) indicates that he or she that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance. [B&PC 1625]
- 4) Exempts specified practices, acts, and operations including the construction, making, verification of shade taking, alteration or repairing of bridges, crowns, dentures, or other prosthetic appliances, or orthodontic appliances, when the casts or impressions for this work have been made or taken by a licensed dentist, but a written authorization signed by a licensed dentist shall accompany the order for the work or it shall be performed in the office of a licensed dentist under his or her supervision. But provides that it is unlawful for any

person acting under this exemption to represent or hold out to the public that her or she will perform or render any of the exempted services that are rendered or performed under the provisions of the Dental Practice Act by a licensed dentist, including the construction, making, alteration or repairing of dental prosthetic or orthodontic appliances. [B&PC 1626]

- 5) Provides that it is unlawful for any person to engage in the practice of dentistry, as defined, in this state unless the person has a valid, unexpired license or special permit from the Board. [B&PC 1626]
- 6) Makes it a misdemeanor for anyone to: (a) assume the degree of "doctor of dental surgery," "doctor of dental science," or "doctor of dental medicine" or append the letters "D.D.S.," or "D.D.Sc." or "D.M.D." to his or her name without having had the right to assume the title conferred upon him or her by diploma from a recognized dental college or school legally empowered to confer the same, and (b) assume any title, or appends any letters to his or her name, with the intent to represent falsely that he or she has received a dental degree or license.
- 7) Requires every complete upper or lower denture fabricated by a licensed dentist, or fabricated pursuant to the dentist's work order, shall be marked with the patient's name or social security number unless the patient objects, and requires the dentist to retain the records of those marked dentures and shall not release the records to any person except enforcement officers, in the event of an emergency requiring personal identification by means of dental records, or to anyone authorized by the patient.

BACKGROUND

The proposal submitted to the Joint Committee for review is specific to the licensure of "medical dentistry." This proposed practice is very similar, but more narrowly defined in scope and education, to the practice of "dentistry." However, because these professional categorizations are similar in scope and practice, this analysis will consider aspects relating to the occurrence of edentulism in California, the current system of care in California, the broader context of the practice of dentistry, and the proposal to the Joint Committee to establish the licensure of medical dentistry in California.

EDENTULISM

"Edentulism" is defined as the complete loss of one's natural teeth. Most tooth loss is the result of dental caries (decay) and periodontal disease. Tooth loss can be prevented through education, early diagnosis, and regular dental care. Children and adults (and the health care professionals who serve them) must recognize the signs and symptoms of oral and systemic diseases and know the oral and general health care practices necessary to prevent them. The level of edentulism in an area reflects not only the prevalence of caries and periodontal disease, but also the availability and use of appropriate professional services and community preventive services.

A 1999 study by the National Oral Health Surveillance System (NOHSS), a collaborative effort between Center for Disease Control's (CDC) Division of Oral Health and The Association of State and Territorial Dental Directors (ASTDD), estimated that 18.5% of Californians (ages 65 and older) have lost all natural permanent teeth. This is slightly less than the study's national estimate that 24.4% of American adults over age 65, almost three of every 10, have lost all of their teeth because of cavities and gum disease. The effects are far more than just cosmetic. Loss of all natural teeth can contribute to a person's psychological, social, and physical impairment. Even when missing teeth are replaced with well-constructed dentures, there may be limitations in speech, chewing ability, taste perception, and quality of life.

Edentulism occurs most often in low income seniors. Of Californians who have lost all of their permanent teeth, the NOHSS study reports that 31% of them have a yearly household income of less than \$15,000 per year. According to a CDC report, "Total Tooth Loss Among Persons Aged >65 Years – Selected States," (1999) the factors that play a role in the prevalence of edentulism are education level, income, residency (urban/rural), and age.

NEED FOR DENTURE SERVICES

According to a January 2002 article in the Journal of Prosthetic Dentistry, "*Will there be a need for complete dentures in the United States in 2020?*," the adult population in need of 1 or 2 complete dentures will increase from 33.6 million adults in 1991 to 37.9 million adults in 2020. Even though the percentage of adults who are edentulous, meaning they are missing all of their permanent teeth, has declined by 10% every decade, this decrease will be offset by the significant increase in the population of senior citizens in the United States. The article states that the clinical implications of these findings are twofold: first, practicing dentists will find that a sizeable minority of the population will continue to need complete denture services; and second, if training in complete denture prostheses is eliminated from the dental education curriculum, millions of patients will be forced to seek denture services from alternative providers.

Another article, "*Further needs for fixed and removable partial dentures in the United States*," also from the January 2002 Journal of Prosthetic Dentistry, projected that the total unmet need for fixed and removable partial dentures will increase from 488 million hours in 2005 to 517 million hours in 2010 and to 560 million hours in 2020. This article concludes that the unmet prosthodontic need will increase and exceed the supply of services for the foreseeable 20-year future, and that practicing dentists will find that a sizeable minority of the population will continue to need fixed and removable partial denture services. [Prosthodontics is the dental specialty that includes the replacement of missing teeth with bridges and dentures, and more recently implants.]

Policy recommendations provided by the study listed increasing dental school class sizes, increasing the reimbursement for prosthodontic services offered by the Medicaid and Medicare programs, and increasing productivity and quality by improving the supply of well-trained dental laboratory technicians. Specifically, the study suggested that office laboratory technicians who work with dental assistants could help decrease the amount of chairside time that dentists spend

with patients. It goes on to propose that if certain tasks were delegated to laboratory technicians working directly with the dentist, prosthodontic services could be provided more efficiently, and dentists would have more time to treat patients. Incidentally, the study does not list the licensure of denturists as an option, even though at the time of publication, six states offered this as an option to consumers.

DENTURE CARE IN CALIFORNIA

For consumers in need of either full or partial dentures, services and products are still provided almost exclusively through dentists. California has five accredited dental schools training dentists which provide their students with didactic, laboratory, and clinical instruction related to complete dentures, removable partial dentures, and dentures supported and/or retained by dental implants. The education encompasses a number of topics beginning with patient examination and diagnosis based on their medical history and health status, medications, oral anatomy, occlusal analysis, and psychologic status. A broad scope of additional topics, important to the clinical management of patients, is presented in the curriculum and includes the following: preprosthetic surgery; biomaterials handling; impressions; maxillomandibular relationships; tooth arrangement and articulation; esthetic assessment; prosthesis fabrication; prosthesis adjustment and placement; postplacement care and the management of complications; relines, rebases, and repairs; the use of implants; soft tissue management; the use of pharmacologic agents; prescription medicines and their effect on the denture patient; and diseases and their implications for the denture patient.

As an example of the education received in California dental schools, Loma Linda University School of Dentistry provides the following denture-related courses for students, most lasting one academic quarter, four days per week:

- 1) Removable Prosthodontics I
Objective – The relationship of removable prosthetic dentistry to the whole scope of dentistry, including articulator, basic clinical procedures, interim removable partial dentures and repairs.
- 2) Removable Prosthodontics II
Objective – Diagnosis and treatment planning considerations associated with full denture treatment.
- 3) Removable Prosthodontics III
Objective – Understanding of partial denture design and fundamentals of removable partial dentures.
- 4) Prosthodontic Treatment Planning Seminar
Objective - Students treat patients under the supervision of faculty who have specialty prosthodontic education.

5) Implant Dentistry

6) Senior Lecture in Removable Prosthodontics

Dental schools are not considering eliminating complete and partial dentures from the curriculum. There is still a substantial need for these services in the population and particularly the population served by dental schools which includes many patients with limited financial resources. However, instruction can not be static and continues to change in response to the needs and desires of the population. Therefore, courses now include expanded instruction in the use of dental implants, the management of medically compromised patients, understanding the needs of older patients, young patients on drugs, and patients with AIDS.

For licensure as a dentist, California has an educational requirement and an examination requirement, and both requirements have components relating to dentures. Applicants for licensure must meet both requirements before they can obtain a license to practice dentistry in California. Currently, licensure candidates are tested on the following subjects: endodontics, removable prosthodontics evaluation, periodontics, class II amalgam restoration, class III or IV composite resin restoration, and simulated fixed prosthetics.

Most dentists make impressions for dentures in their offices and then send them with instructions to a dental laboratory where a dental laboratory technician actually fabricates the dentures. A dentist fits the product to the consumer's needs, sending it back to the lab for alterations as needed. In California, dental laboratory technicians are not regulated by the state, though some technicians are certified by the National Board for Certification in Dental Technology (NBC), a trust established by the National Association of Dental Laboratories. Certification is obtained by passing written and practical examinations given by the NBC. California has two accredited schools training dental lab technicians.

To meet the denture and prosthodontic needs of the poor and elderly in California, Medi-Cal provides funding for some denture related services. This program, and whether it is meeting the needs of those eligible for its services, is a question that has been studied continually since the program's inception more than three decades ago. Almost without exception, these studies have found that beneficiary access to services and their satisfaction with them are dependent on two interrelated factors: the adequacy of reimbursement rates for providing covered services and the rate levels' effect on provider willingness to participate in the program. While dental services and prosthetics are generally excluded as covered benefits, the federal Medicare program does pay for dental procedures that are "medically necessary"; these tend to be among complex services that are provided on an emergency basis in conjunction with associated conditions. California's Denti-Cal program pays a fixed amount for denture-related services as a covered optional benefit for adults.

A similar program addressing the needs of low income senior citizens is the California Dental Association's (CDA) Senior-Dent program, though this program does not address dentures directly. It was established in 1979 to offer reduced dental fees for regular, preventive care to people over 60 with an annual household income of \$16,000 or less who are not covered by Denti-Cal or by dental insurance. Though these programs do provide options to those who know

about them, it is unlikely that these programs are fully meeting the current *or* potential demand for services.

DENTURITRY

Six states have decided to provide licensure or certification for “denturistry” – Arizona (1978), Idaho (1983), Maine (1977), Montana (1985), Oregon (1978), and Washington (1995). Of these, two were created by legislation (Arizona and Maine) and the remainders were instated through the initiative process. Only one state that has legalized denturistry, Arizona, requires denturists to practice under the general supervision of a dentist. In the other states allowing denturistry, there is no requirement for any type of supervision by denturists. Oregon and Maine require oral health certificates provided by licensed dentists or physicians that reflect the oral condition of the patient and any diagnoses for dental care or treatment including dentures prior to the rendering of denturistry services. Montana, Washington, and Idaho have no oral health certificate requirement, and the supervision requirement in Arizona replaces the need for an oral health certificate. In these six states, the number of active licensees varies, from Arizona with the least, having 10, to Washington with the most, having 112.

The educational requirements for licensing are fairly consistent throughout the six states where denturistry is a legal practice. All six states require a minimum of a two-year degree in a program plus an examination for licensing or certification. In addition to those requirements, Idaho and Oregon require a two-year internship with a licensed denturist and Montana requires a one-year internship. Arizona requires that the denture education school must be accredited by the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA). The other states require graduation from a program accredited by the board charged with regulating denture licensure/certification.

In Washington, denturism is defined as: “Making, placing, constructing, altering, reproducing, or repairing a denture; and taking impressions and furnishing or supplying a denture directly to a person or advising the use of a denture, and maintaining a facility for the same.”

Oregon defines a denturist as “a licensed professional trained in the construction, repair, relining, reproducing, duplicating, supplying, fitting or altering a full dental prosthesis. In addition to the dental device, the denturist also takes impressions, bite registrations, try-ins or insertions.” Under current Oregon law, denturists may only construct full dentures, and are not permitted to create partial dentures to correct appearance from the isolated loss of a tooth (or several teeth).

Idaho defines the practice of denturistry as “(1) the making, fitting, constructing, altering, reproducing or repairing of a full upper or lower removable prosthetic denture, the repairing of a removable partial upper or lower prosthetic denture, the furnishing or supplying of such a denture directly to a person or advising the use of any such denture; and (2) the taking or making, or the giving of advice, assistance or facilities respecting the taking or making of any impression, bite, cast or design preparatory to, or for the purpose of making, constructing, fitting, furnishing, supplying, altering, repairing or reproducing any such full upper or lower removable prosthetic denture.”

Five states allow for the grandfathering of denturists. Arizona is the only state with no provision for grandfathering. Idaho requires five years experience. Maine allows denturists to be licensed with ten years experience. Montana requires five years practical experience. Oregon requires 4,000 hours and Washington requires graduation from a formal “denturism program” (currently one recognized in the state, Bates Technical College, and recognized in Canada) and successfully passing a board-approved written and clinical examination.

Though direct cost comparisons between dentures received from dentists and dentures received from denturists are not available, the effect of legalization of denturistry upon the cost of dentures can be seen in Canada, where denturistry has been legal for over 40 years. Canadian consumers recognize a cost savings of about 50 percent if they receive dentures from a denturist rather than a dentist. This conclusion was echoed by a study conducted in the State of Michigan by the Office of Health and Medical Affairs which found that after comparing the cost of obtaining dentures from a denturist in Oregon, Idaho, and Canada with the cost of obtaining dentures from a dentist in Michigan, dentures obtained from a denturist cost about half of those provided by a dentist in that state. In Oregon, a review of dental insurance information demonstrated that the increases in the cost of dentures, which had been rising steadily with the cost of other dental services, were less after the passage of the denturistry initiative.

MEDICAL DENTURISTRY

A medical denturist is generally defined by the advocates of this proposal as a primary health care provider who has been educated extensively to recognize, diagnose, and treat maladies of the human head, face, and neck, primarily with the use of removable, oral prosthetic appliances. Medical denturistry is defined more narrowly than the definition and practice of denturism, discussed above, which is practiced in six states, Canada and several western European nations. Currently, “medical denturistry” is not a regulated profession in the state of California, nor in any other state. Any non-dentist who offers oral prosthetic services, such as medical denturistry, to the public in California would be charged with the illegal practice of dentistry.

The proposal to license medical denturistry is advocated by the Medical Denturistry Association of California, which keeps confidential their membership list and number of members. The request for regulation is also supported by the American Medical Denturistry Association, also with a confidential membership list and number of members, and the Council on Medical Denturistry Education (CMDE) also with unknown membership. According to the proposal submitted to the Joint Committee, all three organizations took a general vote of their memberships to unanimously support licensure. No other organizations are listed as supporters in the proposal.

Specifically, proposed legislation provided by proponents of medical denturistry in California would describe the practice of “medical denturistry” as:

- (a) The taking of a patient’s medical history, including vital signs; evaluating the patient’s medical history, present illness and chief complaint, along with the patient’s clinical signs and symptoms to formulate a differential diagnosis; determining the protocols and

procedures necessary for a definitive diagnosis; and devising an appropriate plan of treatment; and

- (b) Advising, giving advice for, diagnosing, professing to diagnose, prescribing for, professing to prescribe for, treating, or professing to treat disease, disorders, pain, deformities, deficiencies, injuries, or physical conditions of human teeth, jaws, maxillofacial area or adjacent structures; and
- (c) The taking or making or the giving of advice, assistance, or facilities respecting the taking or making of any impression, bite, cast, or design preparatory to or for the purpose of making, constructing, fitting, furnishing, supplying, altering, repairing, reproducing placing, removing or restoring a dentural devise or restoration, by any dentural procedure for any dentural condition; and
- (d) The making, fitting, constructing, altering, reproducing, or repairing of a prosthesis and furnishing or supplying of any dental prosthesis directly to a person or advising the use of a prosthesis; and
- (e) Ordering, prescribing or exposing x-rays or giving or professing to give interpretations of or readings of dental roentgenograms; and
- (f) Prescribing, advises for or administers medications in connection with any dentural related procedure; and
- (g) Engaging in any of the practices included in the curricula of medical denturistry colleges accredited by the Commission on Medical Denturistry Accreditation of the Council on Medical Denturistry Education, or its successor organization.

The proposed legislation provided by proponents would establish a Board of Medical Denturistry, charged with the duties of regulating examinations, collecting fees, issuing and revoking licenses, and adopting necessary rules. Additionally, the proposed legislation would require health insurance policies reimburse to medical denturists services performed that are within their scope of practice and would exempt medical denturists from the California Dental Practice Act.

According to the proposal submitted, the population to be dealt with by medical denturists will be general consumers of oral prosthetic services. The proponents allege that medical denturists typically deal with the underserved, lower income consumers and those individuals receiving state or federal aid, but have not as yet provided committee staff with any reports or statistics that support their proposal.

A degree in medical denturistry, called a Doctor of Medical Denturistry (D.D.M.) is available through one school in the United States, Mills Grae University located in Kalispell, Montana. Promotional materials for Mills Grae University state that the program in medical denturistry is fully accredited by the Commission on Accreditation of the Council on Denturistry Education of the American Medical Denturistry Association. Beyond this, Mills Grae University is not accredited by any other accrediting bodies recognized by the U.S. Department of Education, though it has been considered for accreditation. At its September 25, 2000 meeting, the board of directors of the Council for Higher Education Accreditation (CHEA), which is the largest institutional higher education membership organization in the United States with 3,000 colleges and universities, accepted its Committee on Recognition's recommendation that the Commission on Accreditation of the Council on Denturistry Education of the American Medical Denturistry Association be deemed ineligible to be considered for CHEA recognition. A Mills Grae

University degree is not accepted toward licensure or certification in the denturism programs in any of the six states that currently license denturism.

According to the 2000 – 2002 Mills Grae University College of Denturtry Catalog, the medical denturtry curriculum is composed of 4,080 instructional hours and 249 quarter credit hours, including a first year prerequisite program in an accredited or recognized program in dental technology. At a minimum, this prerequisite program must consist of 860 instructional hours, 47 quarter hours, and must encompass major subject areas in dental technology. After the student completes the dental technology program, the Mills Grae program begins with 40-hour online correspondence courses in subjects such as medical terminology, human anatomy, dental anatomy, and biochemistry. Each “term” of Mills Grae courses toward a medical denturtry degree is concluded with an on-site two week clinical training session at a resident training center. Mills Grae students are also required to spend six months in a clinical facility demonstrating overall knowledge of clinical procedures before they are allowed to graduate with a D.D.M., a doctor of medical denturtry.

Proponents of medical denturtry have put forward a set of requirements that would allow California medical denturtry applicants to practice medical denturtry in a limited scope while attending Mills Grae University academic classes leading to the degree of doctor of medical denturtry. Temporary licensees would be restricted to replacement dentures, denture relines, and denture repairs. According to information supplied by the proponents in a document entitled “*Mills Grae University, College of Medical Denturtry: Requirements for Temporary Licensure Status, State of California*,” that institution outlines a study program to satisfy the proposed statute’s educational requirements for temporary licensure, as follows:

- Submission of application;
- Successful completion of entrance examination or college degree (A.A., A.S., A.A.S, B.A., or B.S.);
- Enrollment in and successful completion of 40-hour correspondence course in medical terminology;
- “Comprehensive course designed to provide the basic education required by the State of California to perform limited medical denturtry services.” (14-day onsite course);
- Clinical internship (“...limited to replacement dentures, denture relines, and denture repairs” – 7-day onsite session either at clinical facilities in Kalispell, Montana, or an on-site clinical facility yet to be determined in California).

According to the proponents, temporary licensees would receive full licensure upon completion of the Mills Grae University D.M.D. degree program and the successful completion of Parts I and II of the Medical Denturtry National Board exams. These exams are the property of the Council on Medical Denturtry Education, and the proponents state that the format and content of these examinations is confidential. The proponents have not provided information to the Joint Committee demonstrating that the exam has been psychometrically evaluated or has been crafted to reflect the results of an occupational analysis.

Proponents of licensure of medical denturistry state that there are approximately 70 individuals in the state of California who have become educated to the level of Doctor of Medical Denturistry through Mills Grae University.

QUESTIONS

- 1) Is the practice of medical denturistry adequately tested?

Though it is similar to denturism, which is practiced and licensed in six states, the specifically proposed category of medical denturistry licensure has not been created in any other states or jurisdictions.

- 2) Is the Doctor of Medical Denturistry educational degree program provided by Mills Grae University appropriately accredited?

The university conveying the degrees is not accredited by any nationally recognized accrediting body, and graduates are not accepted for licensure in any of the six states that currently license or certify denturism.

- 3) Does the proposed competency examination, the Medical Denturistry National Board exams, adequately measure the skills and competencies necessary for the practice of medical denturistry?

Because the information is confidential, and no information has been provided to the Joint Committee detailing occupational analyses and examination validation studies completed to verify the examination procedures and results, the exam may not be psychometrically sound.

- 4) What is the level of support for the licensure of medical denturistry in California?

The proponents list as supporters for this proposal three, organizations: the Medical Denturistry Association of California, the American Medical Denturistry Association, and the Council on Medical Denturistry Education (CMDE). Two of these organizations keep confidential their membership list and number of members, and no other organizations have contacted the Joint Committee in support of the proposal. This being the case, the Joint Committee has no information demonstrating the specific level of support for this proposal.

- 5) Does the proposed training for medical denturists sufficiently train them to be exempted from the California Dental Practice Act, be allowed to prescribe medications, and order, prescribe and interpret x-rays?